

S. No. 2
M-5-43
7-5-17-39
P I X36671

FILED SEP 3 1946
Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lakeside Hospital K.C.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
Specify whether
In this community about 2 1/2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2012 East 7th. 8
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Hope Chadwick

3. (b) If veteran, name war No.

3. (c) Social Security No. 308-24-224

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas Chadwick

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased February 11, 1924
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>22</u>	<u>6</u>	<u>12</u>	hr. min.

9. Birthplace Franklin County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name John E. Lamberson 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Kohlhepp

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas G. Chadwick

(b) Address 2012 East 7th, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-26-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Holden, Mo. Cemetary

18. (a) Signature of funeral director Dwight J. Kopy

(b) Address Independence, Missouri

19. (a) 8-24-46 (b) Meraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1946 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 23, 1946 to August 23, 1946
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ *Duration*

Coronary occlusion
acute myocarditis

Due to acute rheumatic fever

Due to acute pyelonephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ 94a **PHYSICIAN**

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____

23. Signature Richard C. ... (M. D. or other) 20
Address 1006 1/2 ... Date signed 8/27/46

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed: *Dianna L. Kopyev*
Licensed Embalmer No. *4225*
P. O. Address: *Andover, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.